



City of Columbus
Mayor Michael B. Coleman

Department of Development

Mark Barbash, Director

New Changes in 2007 for the Plumbing Inspection Department

TO: Contractors
FROM: City of Columbus
DATE: December 26, 2006
SUBJECT: (AAV's) Air Admittance Valves

Office of the Director
50 West Gay Street
Columbus, OH 43215-9040
(614) 645-8591
(614) 645-6295 FAX
(614) 645-6802 TDD

Building Services Division
757 Carolyn Avenue
Columbus, OH 43224-3218
(614) 645-7433
(614) 645-7840 FAX
(614) 645-3293 TDD

Economic Development Division
109 North Front Street
Columbus, OH 43215-9031
(614) 645-8172
(614) 645-1790 FAX
(614) 645-6407 TDD

Housing Division
50 West Gay Street
Columbus, OH 43215-9040
(614) 645-7795
(614) 645-6675 FAX
(614) 645-6802 TDD

Neighborhood Services Division
757 Carolyn Avenue
Columbus, OH 43224-3218
(614) 645-6767
(614) 645-6961 FAX
(614) 645-3293 TDD

Planning Division
109 North Front Street
Columbus, OH 43215-9030
(614) 645-8502
(614) 645-1483 FAX
(614) 645-6407 TDD

Downtown Development Office
20 East Broad Street
Columbus, OH 43215
(614) 645-0661
(614) 724-0276 FAX
(614) 645-6407 TDD

Land Redevelopment Office
109 North Front Street
Columbus, OH 43215-9030
(614) 645-5263
(614) 645-3092 FAX
(614) 645-6407 TDD

On Monday January 8th, 2007 the Columbus (BSD) Building Services Department will start charging for Air Admittance Valves as noted in the Fee Schedule. It is incorporated in the residential and commercial plumbing applications. Please see the attachments.

TO: Contractors
FROM: City of Columbus
DATE: December 26, 2006
SUBJECT: Medical Gas

On Monday January 8th, 2007 the Columbus (BSD) Building Services Department will start reviewing plans and conducting inspections for Medical Gas Installations. The State Department of Commerce will ask applicants that have jobs located in Columbus to bring their medical gas plans to the Columbus BSD for plan approval and inspection. A medical gas permit must be obtained through BSD and the medical gas will be inspected by the Columbus plumbing inspectors that are 6020 certified. Please see the attachments above to view the medical gas form.

If you have any questions about the forms call Larry Caito @ 614-645-6340.

Date _____ Application # _____

City of Columbus | Department of Development | Building Services Division | 757 Gady Avenue Columbus, Ohio 43224



PLUMBING PERMIT APPLICATION

FOR 1, 2, OR 3 FAMILY RESIDENTIAL

TYPE OR PRINT ALL INFORMATION

- ☐ 1 FAMILY RESIDENTIAL
 ☐ 2 FAMILY RESIDENTIAL
 ☐ 3 FAMILY RESIDENTIAL
☐ MULTIPLE PERMIT APPLICATIONS SUBMITTED APPLICATION # _____ OF _____

Consideration for the assessment of a single \$35.00
Application Fee will only be made to applications
submitted for the same address at the same time.

Please indicate the total number of applications being
submitted for the same address at the same time

TYPE OF PERMIT ☐ New Construction ☐ Alter Existing Building permit number _____
☐ Addition to Building

ADDRESS OF JOB _____ City _____ Zip Code _____

Working In Unit(s) # _____ TAX DISTRICT/PARCEL # _____

Tenant Name(s) _____ Telephone (_____) _____

CONTRACTOR _____ Telephone (_____) _____

FAX _____ Email _____

Street Address _____ City/State _____ Zip Code _____

SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER _____

PRINT OR TYPE NAME _____ License # _____

PROPERTY OWNER OF RECORD _____ Telephone (_____) _____ FAX (_____) _____

Street Address _____ City/State _____ Zip Code _____

SIGNATURE OF OWNER _____ PRINT OR TYPE NAME _____

SOFT ACCOUNT NUMBER _____ AUTHORIZED SIGNATURE OF ACCOUNT _____

TYPE	Sq. Ft. of Coverage Round up to closest 1000	Per 1,000 sq. ft. or portion thereof, of coverage	Multiple	Base Fee	Application	Total
New construction and additions		÷ 1000 =	X \$115.00	+ \$65.00	+ \$35.00 =	
Alteration	Number of dwelling units			X \$75.00	+ \$35.00 =	
Water Heater	Number of dwelling units			X \$40.00	+ No Fee =	
Air admittance Valves (AAV's)	# of AAV		X \$10.00 ea.	or \$65.00 OR B+C whichever is greater	=	
Application Processing fee					\$35.00	
Map Room fee for Address Creation					\$35.00	
Receipt #				Total of fees due		

Date _____ Applications # _____

City of Columbus | Department of Development | Building Services Division | 757 Cardyn Avenue, Columbus, Ohio 43224



PLUMBING PERMIT APPLICATION

FOR 4 OR MORE FAMILY RESIDENTIAL AND COMMERCIAL

TYPE OR PRINT ALL INFORMATION

☐ 4 (OR MORE) FAMILY RESIDENTIAL - # OF DWELLING UNITS = _____

☐ COMMERCIAL

☐ MULTIPLE PERMIT APPLICATIONS SUBMITTED

APPLICATION # _____ OF _____

Assessment of single application fee will only be made to applications
submitted for the same address at the same time

Please indicate the total number of applications being
submitted for the same address at the same time

TYPE OF PERMIT ☐ New Construction
☐ Alter Existing

Bldg Permit # _____
☐ Addition to Building

ADDRESS OF JOB _____ City _____ Zip Code _____

Working In Unit(s) # _____ TAX DISTRICT/PARCEL # _____

Tenant Name(s) _____ Telephone (_____) _____

CONTRACTOR _____ Telephone (_____) _____ FAX (_____) _____

Street Address _____ City/State _____ Zip Code _____

License # _____ Email _____

SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER _____

PRINT OR TYPE NAME _____

PROPERTY OWNER OF RECORD _____

Telephone (_____) _____ FAX (_____) _____

Street Address _____ City/State _____ Zip Code _____

SIGNATURE OF OWNER _____

PRINT OR TYPE NAME _____

SOFT # _____

AUTHORIZED SIGNATURE OF ACCOUNT _____

* New Construction / Addition: Total Square Foot of the space indicate on the building permit

* Alterations: coverage area (Square footage of

area when work is to be done.)

* All square footage is to be rounded to the next higher 1,000

TYPE	Sq Ft AREA	Fee based on total area		Cost base	MULTIPLIER	BASE FEE	Sub total
New construction, additions, alterations	Total square footage or coverage area	Up to 5000	÷ 1000	=	X \$ 140.00	+ \$ 65.00	=
		6,000 to 49,000	÷ 1000	=	X \$ 70.00		
		50,000 & up	÷ 1000	=	X \$ 25.00		
Water heater replacement				# of units		X \$ 45.00	=
Underground Installation Fee (Phase I foundations)						\$ 345.00	=
Air Admittance Valves AAV's (\$65.00 or # X \$10.00 ea. whichever is greater)				# of valves		X \$ 10.00	=
Applications Processing Fee						\$ 35.00	=
Map Room fee for Address Creation						\$ 35.00	=
Receipt #				TOTAL FEE DUE			

Date _____ Application # _____

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MEDICAL GAS WORKSHEET

REQUIRED INFORMATION:

Medical Gas pipeline system includes Vacuum piping and compressed Air.

Only brazers who have been qualified under the requirements of NFPA 99 or 99C using brazing procedures that have been qualified under the requirements of NFPA 99 or 99C shall be permitted to braze joints in medical gas and vacuum pipeline systems (ASSE Series 6000 / 10-4.9.2). Any medical gas and vacuum pipeline systems installed not meeting these requirements shall be removed.

ADDRESS OF JOB _____ City _____ Zip Code _____

Building Permit # _____ Tax District/Parcel # _____

Construction: ☐ New ☐ Addition/Alteration

Type of Facility: ☐ Hospital ☐ Nursing Home ☐ Urgent Care ☐ Dentist ☐ Assisted Living
☐ Other _____

Type of System: ☐ Level 1 ☐ Level 2 ☐ Level 3

Type of Gas Installation: ☐ Oxygen ☐ Medical Air ☐ Nitrous Oxide ☐ Carbon Dioxide ☐ Helium
☐ Nitrogen ☐ Instrument Air ☐ WAGD ☐ Medical/Surgical Vacuum ☐ Other _____

Working In Unit(s) # _____ Tenant Name(s) _____ Telephone (____) _____

CONTRACTOR _____ Telephone (____) _____ FAX (____) _____

Street Address _____ City/State _____ Zip Code _____

SIGNATURE OF CERTIFIED CONTRACTOR OR AUTHORIZED SIGNER _____

PRINT OR TYPE NAME _____ License # _____

OWNER OF RECORD _____

Address _____

City _____ State _____ Zip Code _____

Telephone # (____) _____ Fax # (____) _____

SIGNATURE OF OWNER OR AUTHORIZED SIGNER _____

Soft Acc. Pin # _____

PRINT OR TYPE NAME _____

Application and Plan Review Fee

Administrative processing of application (plan review, data entry, distribution)	\$290.00
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Total # of outlets	1-20 @ \$7.00		21 and up @ \$1.00 ea.	-----
		+		----- > =

(Base fee + outlet fee for plan review) Sub Total

Medical Gas Inspection Fee

BASE FEE Level 1 Level 2 Level 3	Systems listed above			
	# of systems		\$100.00 per system	-----
		X		=
Medical Gas outlets	Total # of outlets		1-20 @ \$15.00	21 & up @ \$10.00 ea.
			X	=
Application Processing fee				\$ 35.00 =
Map Room fee for Address Creation				\$ 35.00 =
Receipt #		(sub-tot + # systems + med gas fee + app fee + Map Rm fee)		TOTAL FEE